

Cherish U Ltd

# Cherish U Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 3, 4 and 5 December 2018 and was announced on the first day.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults. Not everyone using Cherish U Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service provided support to 48 people, with all but one receiving regulated activity

During the last inspection we found that the registered person was in breach of regulations 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to consent, safe care and treatment, good governance and staffing. During this inspection we found that the registered person was no longer in breach of regulations 11, 12 and 18 but remained in breach of regulation 17 in relation to good governance.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found shortfalls relating to risk assessment and management documentation as there was not always information about the level of risk, measures implemented to mitigate the risk or information was not reflective of people's current needs. We found that audits had not been sufficiently robust to have identified the issues we highlighted during the inspection.

Following the inspection, the registered manager provided us with copies of new monthly audit tools but these were not fit for purpose. This meant that the registered provider had failed to establish and operate effective systems to assess, monitor and improve the quality and safety of the service.

People's needs were assessed before they received support from Cherish U. People told us they felt safe and confident with the care they received and that they were treated kindly and with respect. People told us that staff were on time however, should there be a delay with their call staff would let them know.

Management operated an open-door policy and people could express their views in a variety of ways including by telephone, meetings and survey questionnaires. There was a policy and procedure in place to manage and respond to complaints and people were aware of how to complain should they need to.

Staff received the training they needed to carry out their roles effectively and those we spoke with felt

supported by the management team. Training and guidance was available to support safe administration and management of medicines. Measures were in place to protect people from abuse. Recruitment procedures were safe.

Although the registered manager could explain how the business would continue in the event of an emergency, for example, fire, flood or severe weather, there was no formal plan in place. Although they submitted a plan following the inspection we found that this needed further development.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). Management and staff had received training and those spoken with demonstrated a good understanding of the requirements of the MCA.

Staff arranged appointments and sought guidance from external professionals to support people's health and well-being. People were treated fairly and without discrimination and their communication needs were considered.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

The registered provider needs to demonstrate ongoing and sustained improvement regarding risk assessment and management.

People told us that they felt safe and confident with the care they received.

Measures were in place to protect people from abuse.

Staff received training and guidance was available to support safe administration and management of medicines.

### Is the service effective?

**Good** 

The service was effective.

The service was working within the principles of the Mental Capacity Act 2005 and staff demonstrated a good knowledge of the requirements.

Staff received the training needed to carry out their roles effectively.

Staff received regular supervision and appraisal.

People's health needs and well-being were supported.

### Is the service caring?

**Good** 

The service was caring.

People told us that they were supported by kind and caring staff.

Staff supported people to maintain their independence.

People were treated in a respectful way which protected their dignity.

### Is the service responsive?

**Good** 

The service was responsive.

People told us that the service was responsive to their needs and support was adapted to their changing situation.

Support plans were person-centred.

People's individual communication needs were considered.

There was a policy and procedure to manage and respond to complaints.

### **Is the service well-led?**

The service was not always well-led.

Quality assurance procedures were not sufficiently established or operated effectively.

Staff told us they felt supported by management.

People using the service, relatives and staff could provide their views of the service in a variety of ways.

**Requires Improvement** 

# Cherish U Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was announced. We gave the service notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the provider's office location on 3 December 2018 to see the manager and staff; and to review care records and policies and procedures. Telephone calls to people using the service, their relatives and staff took place on 3, 4 and 5 December 2018.

The inspection was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we checked the information which we held about the service including notifications. A notification is information about important events which the service is required to send us by law. We invited the local authority contracts and quality assurance team to share their current knowledge of the service.

The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of our inspection.

During the inspection, we spoke with the registered manager and a deputy manager. We visited one person who was receiving support in their own home and spoke with a support worker. We also contacted people, relatives and staff by telephone. During these calls we spoke with eight people who received care and support, two relatives and two support workers. We checked records relating to the running of the service

including accidents, complaints and compliments, MAR charts, audits and eight support files.

# Is the service safe?

## Our findings

During the last inspection we identified that the registered person was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider did not provide care and treatment in a safe way. This was because we found shortfalls in how people's individual risks were recorded, managed and reviewed. We also found management of medicines was not always safe. During this inspection we found that the registered person was no longer in breach of this regulation. Medicines were managed safely although we found that further improvement was still required regarding risk assessment documentation and governance.

We looked at eight support files and found shortfalls in records relating to risk assessments in three of them. Although risk assessments identified individual risks, they did not contain information about measures to mitigate the risk or information recorded within the risk assessment was not an accurate reflection of the person's current needs.

For example, a risk assessment noted that a person was at risk of choking, however there was no information as to steps to mitigate this risk or guidance for staff should the person experience a choking episode whilst they were present. Following the inspection, the registered manager established that this information was no longer reflective of the person's needs and the risk assessment was duly amended. A four-weekly audit of client files included a section for risk assessments. Although these had been completed regularly they were not sufficiently robust as the concerns we highlighted around risk assessment documentation had not been identified.

As this was a concern which had been highlighted during the previous inspection, we discussed our concerns about risk management records with the registered manager who carried out a full-service review of all risk assessments. Following the inspection, they provided evidence of improved risk assessment documentation and also reiterated expectations with relevant staff.

Due to the need for on-going and sustained improvement regarding risk assessment and management we have rated this key question as Requires Improvement. We will check for improvements at our next planned comprehensive inspection.

People told us that they felt safe and confident with the care they received. Comments included, "Yes I trust them"; "I feel the staff are good", and "The carers are lovely, I feel safe with them". A relative told us "They make sure I am happy and [Name] is safe before they go". People told us that staff arrived on time and that should there be a short delay staff would contact them to let them know.

There was a process in place to record accidents and incidents and staff could explain the process they would follow. There were no accident records for 2018 in the file reviewed, however we found one in a person's individual file. This had been filed incorrectly and meant the registered manager was unaware of the incident. Following the inspection, the registered manager confirmed that all client files had been reviewed and that no others contained accident records.



Staff received training and guidance was available to support the safe administration and management of medicines. We saw evidence that observations were carried out to assess staff's competency. We reviewed completed Medicine Administration Record (MAR) charts and found that they were completed accurately with no gaps in recording. We visited one person and observed a staff member administering medication and found their practice was safe. MAR charts had been completed as required.

Measures were in place to protect people from abuse. Staff received safeguarding and whistleblowing training, those spoken with demonstrated a clear understanding of what they should report and to whom. This included to external agencies should the need arise. We saw that the registered manager reported incidents to the local authority and the CQC as required. We saw that the registered manager had followed staffing, including disciplinary procedures, when needed.

The registered manager told us that there was ongoing recruitment to accommodate new client's calls and to support plans for expanding the business into new areas such as companionship visits and outings. New care calls were covered by the management team until there was sufficient need to increase staff numbers. Calls were organised in "runs" with consideration to location and travel time was allocated between.

Recruitment procedures were safe. We checked three staff files and found that appropriate pre-employment checks took place. Application forms, interview records, evidence of identification and references were on file. Disclosure and Barring Service (DBS) checks were carried out. The DBS carries out criminal records checks which help employers make safer recruitment decisions.

There was a policy and procedures were in place to control and prevent the spread of infection. Staff received training and were aware of the procedures they should follow in this regard.

At the last inspection we asked the registered manager about their business continuity plans for emergencies such as fire, flood or bad weather. At that time, although they explained what would happen and how the business would continue, they did not have a formal plan in place and informed us they would address this matter immediately. During this inspection we found the situation remained the same. The registered manager again explained how the service would continue to operate, client and staff contact information was retained with a handover book, however there was still no formal plan in place. Following this inspection, the registered manager submitted an emergency plan which included measures for severe weather only and therefore requires further development.

## Is the service effective?

### Our findings

At the last inspection we identified that the registered person was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not acting in accordance with the principles of the Mental Capacity Act 2005 and associated code of practice. This was because the registered manager lacked a clear understanding of what the MCA meant for the people supported by the service, particularly around undertaking assessment and best interest decision making. During this inspection we found that the registered person was no longer in breach of this regulation.

The registered manager had attended MCA and DoLS awareness training since the last inspection and demonstrated a clear understanding of the requirements including how this would be incorporated into the care they provided. Mental Capacity Assessments were carried out only when there was a doubt about the person's capacity to make a certain decision. Staff sought people's consent before carrying out tasks and we saw that people were offered choice.

People and relatives spoken with told us that the care and support they received met their needs, that staff knew them well and that they were not rushed. Comments included "The staff are very good and reliable", "The service is brilliant, couldn't ask for better", "They never rush and have time to chat" and "The staff do everything well, I am happy with how they help me".

Staff told us they received the training needed to carry out their role effectively and that they were supported in their role. We looked at the training matrix and saw that whilst most sessions were up to date in line with the provider's policy, two staff were overdue. Following the inspection, the registered manager submitted an updated matrix which demonstrated sessions had been brought up to date. People using the service told us "The staff are trained well" and "The staff are well trained as they know what they are doing each time they visit".

Senior support staff had undertaken training to become assessors for the Care Certificate. The Care Certificate was developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care.

We found that staff received regular supervision and an annual appraisal. There was a scheme of delegation in place with senior support staff carrying out supervision sessions for support staff. Staff spoken with told us they found these sessions to be beneficial.

Staff arranged appointments and sought guidance from external professionals to support people's health and well-being. These included, community matrons, district nurses, McMillan nurses, occupational therapists, GP and speech and language therapists. The registered manager told us that they had also sought input from the local fire service who provided guidance to mitigate risks from smoking.

Information about people's needs and events was shared with staff in a variety of ways. Each person had an individual support plan and a daily log where staff recorded information specific to the care provided during

each call. A communication book was maintained in the office and staff kept in touch with the office by phone or by calling in during their shift. Support plans contained person-centred information demonstrating that staff knew people's needs well.

We saw that the service adhered to the principles of the Equality Act 2010. This is legislation designed to preserve people's protected characteristics such as age, disability, sexuality and religion. There was a policy in place which provided guidance to staff.

## Is the service caring?

### Our findings

People and relatives spoken with told us that they were supported by kind and caring staff. Comments we received included "The girls are friendly and chatty", "The girls have a caring manner and are happy to listen to me", "Cherish U have been more than 100% fantastic, they listen to both our needs. Caring people".

The registered manager explained how they supported people's independence. They told us they "Only do what is needed" so that people feel involved and are as independent as they can be. Staff spoken with also told us of the importance placed on supporting people to maintain their independence as much as possible. They did this by encouraging people to carry out tasks if they were able to, "Even if it's just brushing their hair themselves". People receiving support appreciated that staff helped them to maintain their independence. Their comments included "They [Staff] encourage me to be mobile" and "They [Staff] help me stay independent in my own home".

People told us they were treated in a respectful way which protected their dignity. One person told us "They are considerate with my personal care" and another said, "The carers are very kind and considerate".

We saw that compliments had regularly been received by the provider about care and support. Comments recorded in the compliment folder included; "Appreciated your thoroughness and your gentle humour"; "We would have no hesitation in using Cherish U again in the future"; and "Thank you to you all, and especially to all your ladies who came to [Name] for all their kindness and cheerfulness. We found them all unfailingly kind and helpful. We were glad to be able to rely on your professionalism in a time of need."

The registered manager told us that a key achievement of the service was that they "Make sure the people we support are well supported and cared for." This was evident from the comments received during this inspection.

## Is the service responsive?

### Our findings

People told us that the service was responsive to their needs, that staff assessed their changing support needs and adapted their support accordingly. Comments included "They know my little quirks", "They chat to me and ask how they can help me"; "The carers are great, they understand my likes and dislikes", "The organisation have listened to my needs and ensure I get the correct care package" and "If I have been feeling low they have time to listen to me".

An assessment of people's needs was carried out before they began receiving support from Cherish U to ensure that the service could meet their needs.

We looked at eight people's support plans and saw that they contained person-centred information. This included preferred names, and specific information about their wishes for the care they received. Conversations with management and staff demonstrated that the needs of individuals were at the heart of the service provided. People we spoke with were confident that staff knew them well. We saw that people's choices were respected and that staff were responsive to people's wishes and needs. For example, one person told us that their call times were scheduled a little earlier at weekend as this was when they liked to be "out and about".

People's individual communication needs were considered. At the last inspection the registered manager explained that a staff member was developing cards to support a person for whom English was not their first language. During this inspection they told us that the cards had been implemented and were a great success. The cards had words in the person's first language on one side and the English equivalent on the other. This helped both the person receiving the service and staff to communicate with each other. The registered manager also told us how they had sourced a Christmas card in braille for a person who was sight impaired and that the person had been "thrilled" with it.

We were present during one care call and saw that the staff member interacted in a kind and friendly manner and that a warm relationship had been developed. We saw that the person was offered choice and that their wishes were respected.

There was a policy and procedure in place to record, manage and respond to complaints. We saw that no complaints had been received in 2018. Several compliments were recorded as detailed in the Caring section of this report. People we spoke with were aware of how to raise a concern and felt that they would be listened to.

## Is the service well-led?

### Our findings

During our previous inspections carried out in June 2016 and November 2017 we found that the registered person was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had failed to assess, monitor and improve the quality and safety of the services provided. During this inspection we found that the registered person remained in continued breach of this regulation. This was because quality assurance systems remained insufficiently robust.

At the last inspection we identified that there was a lack of regular review or audit by the registered manager. During this inspection we found that, although an audit system was in place in that senior support staff carried out four-weekly checks including, risk assessments, daily logs, MARs and support files, there remained a lack of managerial oversight.

When we identified an issue regarding risk assessments we found that four-weekly checks had been carried out throughout 2018 however they had not identified any concerns. There was no system in place for managerial review to ensure that these audits were being carried out accurately and effectively. It is the registered manager's responsibility to ensure the safety of the service. If they delegate auditing tasks to other staff members it remains their responsibility to ensure that audits are taking place and that systems are effective to assess and monitor the quality and safety of the service.

During the first day of this inspection we spoke with the registered manager of our concern that the four-weekly audit tool did not provide any detail of the tasks to be carried out by the auditor. For example, the document was a list of headings such as risk assessments, accident log, daily support plan but there was no information as to what the auditor was to check for each of the headings. They advised they would review the quality assurance procedures.

Following the inspection, the registered manager confirmed that quality assurance procedures had been reviewed and provided us with copies of monthly managerial audits that they were to introduce including for complaints, client and staff files. However, the documents provided were not fit for purpose as again there was a list of headings but no detail of the tasks to be carried out in the audit process. This meant that the registered provider had failed to establish and operate effectively systems or processes to assess, monitor and improve the quality and safety of the service.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service was run. The registered manager was open and transparent in discussions throughout and following the inspection.

The service had three managing directors with individual roles of one registered manager and two deputy managers. Since the last inspection the role of senior support worker had been further developed with certain tasks delegated including, audits, supervision and general management of care staff. A 24 hour on call system was in operation with at least one of the directors and a senior support worker available at all times.

All staff spoken with felt they were well supported by management and that Cherish U was well-led. Comments included, "It's like a family run business".

The registered manager advised us that there had been changes regarding local authority funding and that, although they had been unsuccessful in their tender to become a 'preferred provider', many clients had chosen to remain with the service. One person told us that they did not want to go with the "new company" and had stayed with Cherish U because "Everything is really great, I am really happy with the service".

The registered manager told us about their plans to further develop the service, which included offering daily support services, for example accompanying people on outings and companionship visits. An advertising campaign was also being organised.

We saw that regular staff meetings took place including weekly meetings between management and senior support staff.

Management operated an open-door policy. People using the service and staff could provide their views in a variety of ways including by telephone, meetings and via survey questionnaires. We saw that the last questionnaires were distributed in November 2018 and that responses were received from eight people using the service and five staff members. Almost all responses were positive. The results were to be analysed to identify what people receiving support feel the service was doing well, or if there are any areas for improvement.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to establish and operate effectively systems or processes to assess, monitor and improve the quality and safety of the service.</p>